

This record is a partial extract of the original cable. The full text of the original cable is not available.

UNCLAS SECTION 01 OF 03 RANGOON 000657

SIPDIS

SENSITIVE

STATE PASS AID/ANE, HHS FOR OGHA - STEIGER
STATE FOR EAP/BCLTV, IO/EDA, PRM/POP
PHNOM PENH FOR AID - CAROL JENKINS
USPACOM FOR FPA

E.O. 12958: N/A

TAGS: [AORC](#) [EAID](#) [SOCI](#) [BM](#) [UNFPA](#) [NGO](#)

SUBJECT: UNFPA'S BURMA SCORECARD IS GOOD, SO FAR

REF: STATE 137010

1. (SBU) Summary: UNFPA, into the second year of its four-year "special program" in Burma, is encouraged by its successes. To help ensure further progress, though, the agency's Rangoon office hopes that a chronic shortage of contraceptives will be remedied in short order. The agency plans to expand both the width and depth of its program in the next two years, continuing to work with local and international NGOs, other UN agencies, and the Burmese government. UNFPA's programs address serious health and social needs in Burma, and thus expansion will benefit many underserved women and adolescents. However, we'll keep an eye on two potential pitfalls of expansion: a deterioration in monitoring, and an expansion in leakages. End summary.

UNFPA Spreads its Wings in Burma

2. (U) The UNFPA established itself well in the first year of its program in Burma. Though UNFPA has worked in Burma since 1969, it only established a country office in the summer of 2002. UNFPA's representation in Burma was raised in 2003 from chief of operations to representative level. Currently UNFPA is into the second year of its \$16 million, four-year program.

3. (U) UNFPA's programs in Burma address behavior change, adolescent reproductive health, and general reproductive health services. It generally tries to build the capacity of the decrepit rural healthcare network of health centers and sub-centers by providing resources and training. On the population side, UNFPA continues its work analyzing the numbers from a 2001 fertility and reproductive health survey it carried out with the Burmese government. UNFPA recently took over the responsibility, normally held by UNICEF, to provide drugs for people with sexually transmitted diseases. The agency is also involved in HIV/AIDS education and prevention as part of the UN country team's Expanded Theme Group on HIV/AIDS, and is awaiting Ministry of Health approval to begin its own HIV/AIDS programming -- centered on education and "100 percent condom usage."

Maternal Mortality is the Key Problem, Focus

4. (SBU) There's no question that UNFPA's mission to address maternal mortality tracks with the country's needs. In 1997, the maternal mortality rate in Burma was about 255 per 100,000 live births. Raw statistics collected at the end of 2001 indicate that the rate has increased since then.

5. (U) There's also strong evidence of demand for UNFPA's activities, both education and contraceptive supplies. UNFPA estimates that only 29 percent of married women of reproductive age use contraceptives. In its operating area, UNFPA is only able to supply 12-15 percent of likely clients. Consequently, urban women avail themselves of a booming black market for counterfeit, expired, or uncertified contraceptive devices brought over from China. In rural areas, UN agencies, NGOs, and other commentators tell us, women turn to illegal abortions as a contraceptive measure.

6. (U) Additionally, UNFPA, along with various INGOs, helps fills a niche for contraceptive choice. Though the government has focused on 100 percent condom distribution as part of its HIV/AIDS program, there's not been much attention on other modes of contraception.

7. (U) Through its training programs, aimed at the vastly female rural health corps and health statisticians, UNFPA helps build capacity among female caregivers and administrators.

Relations with NGOs, Donors, and the Government

8. (U) UNFPA carries out its work in conjunction with rural government health workers, other UN agencies (especially the WHO), international NGOs, and local government-controlled NGOs (including the Myanmar Maternal and Child Welfare Association and the Myanmar Medical Association). UNFPA's

condom distribution is contracted to PSI, with which U.S. AID works closely to implement its nascent \$1 million HIV/AIDS program in Burma. Other partner INGOs include Marie Stopes International, the International Planned Parenthood Federation, and the Japanese Organization for International Cooperation in Family Planning. Save the Children and World Vision also provide reproductive health services here, but are not currently affiliated with UNFPA.

19. (SBU) The INGOs with whom we spoke were generally positive about UNFPA's operations here. Some were a bit critical of UNFPA's, and all UN agencies', dealing with the regime and government NGOs. However, they admitted that the UN had little choice but to work with the government to some degree, and UNFPA was more vigilant than others in minimizing GOB interference.

10. (U) UNFPA's usual bilateral donors (the Netherlands and the Scandinavian countries) are not active in reproductive health in Burma, having put their limited Burma assistance funds into the fight against HIV/AIDS. However, the Japanese government is doing some work on reproductive health. UNFPA receives some limited grassroots funding from the Japanese Embassy in Rangoon for renovating rural health clinics. We were told that Japan International Cooperation Agency (JICA) was planning a \$2-\$3 million multi-year program to provide reproductive health alongside UNFPA in several dozen townships.

11. (SBU) UNFPA's relations with its two government interlocutors, the Ministry of Population and Immigration (MOPI) and the Ministry of Health (MOH), are generally good. UNFPA's representative reports that MOPI has been surprisingly helpful and efficient in collaborating to improve population statistics (there's been no official census taken since the one UNFPA helped organize in 1983). The Ministry of Health (MOH) has been somewhat more bureaucratic and slow -- a complaint heard from many UN agencies and health INGOs. However, the UNFPA representative reported that under the new Health Minister, Dr. Kyaw Myint, cooperation and efficiency have increased. For example, Minister Kyaw Myint responded rapidly to UNFPA's request to establish 20 new clinics/information centers/social halls aimed at adolescents. This proposal had languished for months under the previous minister.

12. (SBU) Though UNFPA does not channel its funds through the MOH or other government ministries, it does work directly with local health officials and government-run clinics. It also relies on the MOH's central distribution network to get contraceptive devices sent to the various townships. The UNFPA representative complained that this distribution network is slow and inefficient, but that there is no other alternative if the GOB is to allow UNFPA to continue its operations.

Future Plans are Ambitious

13. (SBU) Aside from the hoped-for HIV/AIDS program, UNFPA intends to expand its capacity-building work. The Rangoon office intends to bring in consultants in 2003 to conduct a thorough gender analysis. In part, the impetus for this study is the evolving economic role for women in Burma, as more and more men seek economic opportunities outside the country. Following up this study, UNFPA, alongside the Myanmar National Working Committee for Women's Affairs, plans to do several workshops on gender issues and trafficking in persons aimed at male policymakers at all levels of government.

14. (SBU) Though it is limited by its MOU with the government to reproductive health, UNFPA is also examining a pilot project to work with the UN Interagency Project to Combat Human Trafficking in the Mekong Sub-Region's (UNIAP) expanding Burma operations. Specifically, UNFPA is looking to assist a small, local development group (headed by Catholic and Buddhist nuns) in Mon State to provide small loans and other assistance to women and girls who might otherwise seek a more dangerous living over the border in Thailand.

Problems and Obstacles Remain

15. (SBU) UNFPA's small operation in Burma allows it to exist with fewer obstacles than other, larger UN agencies. However, there are three issues worth watching. First, a major problem faced by UNFPA in Burma is a lack of funding for contraceptive supplies. Though condoms are not a problem, procurement of contraceptive pills, injections, IUDs, and the "morning after" pill has been inadequate. The representative said that UNFPA's procurement for Burma is \$800,000 in the hole for 2003, in large part due to a drop off of bilateral donations and a general reduction of UNFPA's funding around the world.

16. (SBU) Exacerbating this problem is leakage and government misuse of what contraceptive supplies UNFPA can bring into the country. That being said, at this point leakage of

contraceptives for resale into the black market is not as large a problem as it is for drugs and other high-value items. There are allegations that the government hijacks some supplies of condoms, in particular, for their own use, or for "donation" to a government-controlled NGO. However, the seriousness of this problem is unclear.

17. (SBU) Monitoring, always a difficult task in Burma, is easier for UNFPA because of the small size of its program. Currently the agency is operating in 84 townships (about 25 percent of the country's total), mostly in more heavily populated rural areas that have better transportation infrastructure. Thus it is easier for UNFPA staff to make regular monitoring missions. The representative said that he or his staff are making about four monitoring trips per month to various program sites. However, UNFPA aims to expand to 100 townships by 2005, which could put a strain on monitoring effectiveness without additional hiring.

Martinez